



APPLICATION FOR SURVIVING SPOUSE PENSION BENEFIT

State Form 44510 (R3 / 11-06)
Approved by the State Board of Accounts, 2006

Indiana State Teachers' Retirement Fund
150 West Market St., Suite 300
Indianapolis, IN 46204-2809
Telephone: (317) 232-3860 / (888) 286-3544
Home Page: <http://www.in.gov/trf>

INSTRUCTIONS:

1. Please complete the necessary information by printing or typing in ink.
2. Please sign the application in the presence of a Notary Public.

PRIVACY NOTICE

Your Social Security number is being requested by the Fund pursuant to Internal Revenue Service Code 3405. Disclosure of this information is mandatory. This form cannot be processed without it.

PART I – SURVIVING SPOUSE CERTIFICATION

I hereby certify that I am the surviving spouse of:

Member's name		Member's Social Security number		Member's TRF number	
who died on	Date of death (month, day, year)	and that we were united in marriage on		Date of marriage (month, day, year)	
Pursuant to my status, I hereby make application to receive the surviving spouse pension benefit due to me as provided by Indiana Code, section 5-10.2-4-7. Any balance remaining in the member's annuity savings account is to be distributed to the designated beneficiary (ies).					
Social Security number of surviving spouse			Address (number and street or P.O. box)		
Printed name of surviving spouse			City	State	ZIP code
Signature of surviving spouse			Telephone () -		

PART II – NOTARY PUBLIC CERTIFICATION

State of _____

SS:

County of _____

Before me the undersigned, a Notary Public for _____ County,
Officer's county of residence

State of _____, personally appeared _____
Name of person

And they, being first duly sworn by me upon their oath, says that the facts alleged in the foregoing instrument are true.

Signed and sealed this _____ day of _____, 200__.

(Signature) _____

My commission expires: _____

Printed or typed name of officer

(SEAL)